

World Trade Center National Responder Health Program Mt. Sinai Clinical Centers Medical Release Form Instructions

Listed below are instructions for completing the Mt. Sinai Clinical Centers Medical Records Release Form. This form should be used if you had treatment or were seen for a monitoring exam that was completed through one of the Mt. Sinai Consortium Clinics. Those clinics are as follows:

- Mt. Sinai Medical Center
- Bellevue/New York University, Occupational & Environmental Medicine Clinic
- Queens College Center for the Biology of Natural Systems
- The State University of New York Stony Brook, Long Island Occupational Environmental Health Center
- University of Medicine and Dentistry of New Jersey, Environmental & Occupational Health Sciences Institute

This form should not be used if you were seen by our Primary Care Physician or other facility outside of the Mt. Sinai Consortium. You should use the General Medical Release Form if you have other records that you want to release from other physician(s).

Step 1 – “I Authorize Section”

- (1) Do not enter in the name of the clinical center on the line provided. This will be completed by LHI.
- (2) Check in the boxes provided, which records you are wishing to have sent to LHI. This will be your physical examinations records, mental health questionnaire/evaluation and/or treatment program visit(s).
- (3) Check in the boxes provided, whether or not you wish to include your HIV-related information
- (4) After the Logistics Health address, check in the boxed provided that this is a “patient request”
- (5) Do not enter in the date of expiration for the request or the name of the clinical center, LHI will complete this upon receipt of your release form.

Step 2 – Signature

The medical release form must be signed by you as the member. In addition, you will need to write in the date that the form has been signed.

The additional signature at the bottom of the form is to be used if the member cannot sign the form themselves. The member’s legal representative can sign this form and include their printed name, authority, address, phone number and date. **This is only to be used if the member cannot sign the form themselves.**